

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000043801 (7)**

1. Corporation Name

**THE TOPS'L CLUB OF NW FLORIDA, INC.**

Principal Place of Business

**35000 EMERAL COAST PARKWAY  
DESTIN FL 32541  
US**

Mailing Address

**P.O. BOX 30  
DESTIN FL 32540  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/13/1994**

4. FEI Number

**59-3256259**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIN, JAMES S.  
35000 EMERAL COAST PARKWAY  
DESTIN FL 32541**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*James S. Olin*  
Signature (typed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

*1/7/98*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD ABBOTT, WILLIAM W. JR.**  
STREET ADDRESS **35000 EMERAL COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE  
NAME **VD ANDREWS, ANGUS G. JR.**  
STREET ADDRESS **35000 EMERAL COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE  
NAME **STD ABBOTT, STEPHEN J.**  
STREET ADDRESS **35000 EMERAL COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE  
NAME **D VAN DYER, CHARLES H. III**  
STREET ADDRESS **35000 EMERAL COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE  
NAME **D STEINER, JAMES R. JR.**  
STREET ADDRESS **35000 EMERAL COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE  
NAME **D VAN DYER, SUE C.**  
STREET ADDRESS **35000 EMERAL COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William W. Abbott Jr.*  
Signature (typed name of registered agent and the applicable)

*William W. Abbott Jr.*  
Signature (typed name of registered agent and the applicable)

*1-9-98*  
DATE

*(80)*  
654-4431

CR2E034 (10/97)